



Images in medicine

## Spinal cord injury

## Lesión de la médula espinal

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A 28 year-old male was brought to the Emergency Department, victim of a car crash. He was the restrained driver of the vehicle. The impact zone was next to the A-pillar, on the driver's side. Primary assessment of the victim showed a drowsy patient with retrograde amnesia. He was tachypneic, exhibiting signs of respiratory distress and abnormal abdominal breathing, SpO<sub>2</sub> 90% with supplemental oxygen at 15L/min by Hudson mask. Cardiovascular assessment revealed both bradycardia and hypotension (BP 90/62mmHg; HR 58bpm), with no signs of pelvic instability. Neurological assessment showed a GCS of 14, with strength 3/5 in the upper limbs and 0/5 in the lower limbs (mMRC scale), sensitivity absent below C7-T1. Computed tomography of the spine revealed: "(...) Severe displacement/anterolisthesis of the vertebral body from C6 in relation to C7 (Fig. 1, red arrow) (...)". Due to the severity of the damage, surgical correction was deemed unfeasible and the neurological damage proved to be irreversible. The patient was discharged to a rehabilitation centre.

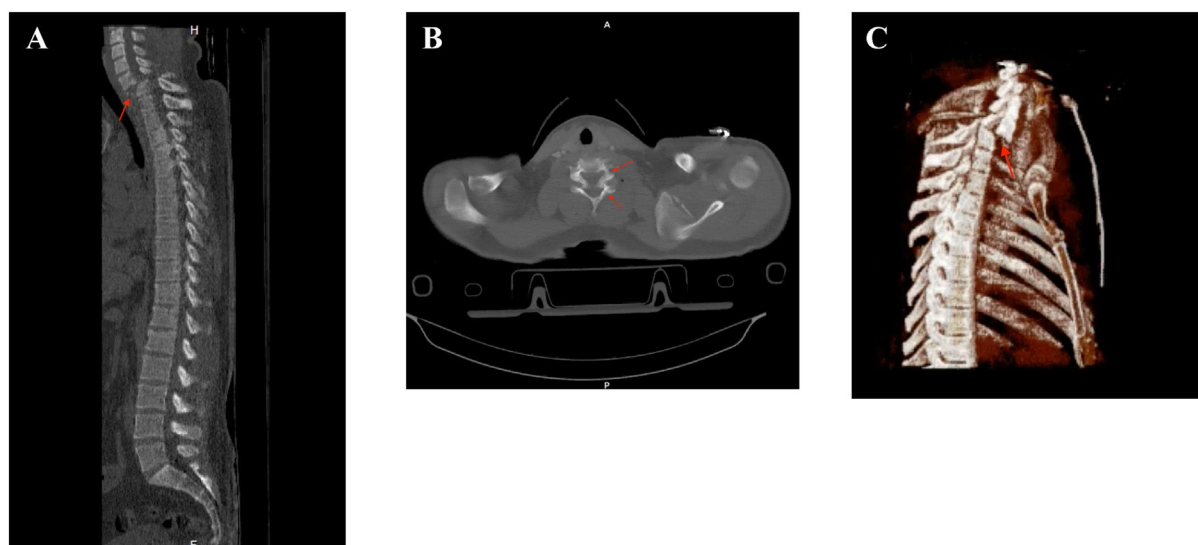


Fig. 1. Displacement/anterolisthesis of the vertebral body from C6 in relation to C7.

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### **Conflicts of interest**

No conflicts of interest.

### **Contributorship statement**

GH wrote the article; TC, LM, DN, JM reviewed and added content.

### **Informed consent**

No patient data prone to identify the patient are show, hence no consent form was requested from the patient.